



2018 FOUNDATION SCHOLARSHIP DONATION

Thank you for your generosity and support of the AHMA-PSW Foundation!
Your donation will significantly support many lives and the important work of the AHMA-PSW Foundation.
The AHMA-PSW Foundation is a 501(c)(3) nonprofit organization.

The Dan Grady Memorial Scholarship Program has awarded over \$664,000 in academic and vocational scholarship to low income, at-risk youth and adult residents of affordable housing who wish to continue their education. Scholarship Awardees will be recognized at the Scholarship Luncheon at the 41st Annual L.A. Seminar on May 20, 2018.

Scholarship Donor Levels

- **ACADEMIC SCHOLARSHIP - \$1,500**
(4-year college)
 - (2) tickets to the Scholarship Luncheon
 - Your company listed on the AHMA-PSW website
- **VOCATIONAL SCHOLARSHIP - \$750**
(trade school or junior college)
 - (1) ticket to the Scholarship Luncheon
 - Your company listed on the AHMA-PSW website
- **SUMMA - \$1,000**
 - (2) tickets to the Scholarship Luncheon
 - Your company listed on the AHMA-PSW website
- **DEAN'S LIST - \$500**
 - (1) ticket to the Scholarship Luncheon
 - Your company listed on the AHMA-PSW website
- **MAGNA - \$750**
 - (2) tickets to the Scholarship Luncheon on 5/21/18
 - Your company listed on the AHMA-PSW website
- **HONOR ROLL - \$250**
 - Your company listed on the AHMA-PSW website
- **Other scholarship donations of any amount are appreciated** \$ _____

Your contribution may be combined with other donations for a single scholarship.

DONATE TODAY! Please fill out form below:

Name: _____ Company: _____

Address: _____

Phone: _____ Email: _____

Donation total: \$ _____

Please make checks payable to the **AHMA-PSW Foundation** and mail your contribution with this donation form to:
PO Box 226969, Los Angeles CA 90022 or complete the credit card form.

Phone: 866-698-2462

IMPORTANT! All donors receive acknowledgement at the Luncheon.

Your contribution is tax-deductible to the extent allowed by the law.
Federal Id Number: 20-2782526



AHMA - PSW FOUNDATION

PO BOX 226969

LOS ANGELES, CA 90022

CREDIT CARD AUTHORIZATION FORM

Name of Card Holder: _____

Type of Credit Card: VISA MasterCard Amex

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Company: _____

Event Name & Date: _____

Amount to be charged: _____

Billing/Contact Address: _____

I authorize my credit card to be charged the amount of \$ _____. By signing this form, I acknowledge this payment is nonrefundable and non-transferable.

Card Holder Signature

Date